



King County

Records, Elections and Licensing Services Division

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Department of Executive Services

21615 64th Avenue South

Kent, WA 98032

206.296.PETS Fax 206.205.8043

TTY Relay: 711

For staff use:

Kennel # _____

Tag # _____

Adoption Application

Pet ownership is a serious responsibility. To ensure our animals are placed with loving families ready to take on the responsibility of a new pet, please take a few minutes to answer the questions below. Your responses will help our staff pair you with a suitable companion animal.

PLEASE PRINT

Name	Home Phone	
Address	Work Phone	Cell Phone
City	State	Zip
Mailing Address (if different)		
Driver's License #		
Employer/Occupation and Work Phone #		
Spouse Employer/Occupation and Phone #		
Name of reference/relative/friend and Phone #		

Type of animal desired: (check one or more): ☐ Cat ☐ Kitten ☐ Dog ☐ Puppy ☐ Other:

1. Why do you want to adopt an animal? _____

2. Have you ever adopted from our shelter? ☐ No ☐ Yes: When? _____ ☐ Dog ☐ Cat

3. Are you 18 years of age or older? ☐ Yes ☐ No

4. Do you live in: ☐ Apartment ☐ Condo ☐ House ☐ Other _____

5. Do you: ☐ Own ☐ Rent/Lease: Property Owner/Mgr. name & phone number _____

- **NOTE: if you rent or lease**, please provide a copy of your lease agreement, OR written permission from your landlord for a pet, noting any pet restrictions such as size, weight or breed limitations.

6. Do you live with: ☐ Parents ☐ Spouse/Partner ☐ Roommate(s) ☐ Alone ☐ Other _____

7. How long have you lived at this address? _____

8. Are you planning to move within the next 6 months? ☐ Yes ☐ No

9. You are adopting this pet for: ☐ Yourself ☐ Child/Children ☐ Other _____

10. Who will be primarily responsible for the care and supervision of the animal? _____

11. Are there children living at home or visiting frequently? ☐ No ☐ Yes*

• *If Yes, what are the ages of the children: _____

12. Do any of your household members have allergies to animals? ☐ No ☐ Yes

Please describe: _____

13. What will happen to this pet if you have to move unexpectedly? _____

14. How many hours during an average workday will your pet spend without a human? _____

15. What will happen to this pet when you go on vacation, or if you have an emergency? _____

16. Do you have a regular veterinarian? ☐ No ☐ Yes: Clinic/Vet Name _____

17. List the dogs/cats you have had in the last 5 years. Include current pets and those you no longer own.

Dog / Cat	Breed	Age	Sex	Spayed/Neutered? (Yes or No)	How long did you own the pet?	If you no longer have, what happened to the pet?

18. Do you want your pet to live: ☐ Inside Only ☐ Outside Only ☐ Inside/Outside ☐ Don't Know

19. Are you planning to declaw your cat or kitten? ☐ No ☐ Yes

20. Where will this pet be kept during the day? _____ Night? _____

When you are not home? _____

21. Do you have a fenced yard? ☐ No ☐ Yes

• If Yes, please describe: ☐ Fully fenced ☐ Partially fenced Height _____ Material _____

22. Will you allow our representative to see the animal at your home? ☐ Yes ☐ No

23. Do you want your pet spayed/neutered (an operation to prevent them from having puppies or kittens)?

☐ Yes ☐ No Why or why not? _____

24. Do you have any questions or comments? _____

Thank you for completing the Adoption Application! This completed/signed Adoption Application will become the property of Regional Animal Services of King County.

I am adopting an animal as a companion pet. I agree to obey all local and state laws regarding pet ownership. This means that I agree to provide my animal with humane treatment and will prevent my animal from becoming a nuisance or hazard to others.

I certify that the information in this application is true, and understand that false information may result in denying or nullifying this adoption.

Signed _____ Print Name _____ Date _____

Note: adoption fees are due at the time of your appointment. (We accept cash or check only.)